

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE

PLEASE PRINT

I. Name of Lobbyist(s): Paul A. Worsowicz; Heidi L. Kroll <u>DEPARTMENT OF STATE</u> II. Name of Lobbyist's partnership, firm or corporation, if any: GALLAGHER, CALLAHAN & GARTRELL, P.C. 214 North Main Street, Concord, NH 03301 603-226-3477 worsowicz@gcglaw.com 603-228-1181 (Email) (Telephone) (Fax) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client.) All reportable transactions occurring in the month prior to the reporting date relative to the following client. LIFE COPING, INC. (Full Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 26, 2017 April 26, 2017 IV. Date of Report: activity from 4/1/17 to 6/30/17 activity from date of registration to 3/31/17 Reports cover: January 24, 2018 🗵 October 25, 2017 activity from 10/1/17 to 12/31/17 activity from 7/1/17 to 9/30/17 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A - Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file $\mathbf{Addendum}\ \mathbf{B}-\mathbf{Report}$ of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C - Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

/-22-/ *y* (Date)

Paul A. Worsowicz

(Print Name of lobbyist)

Signature of Lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A.	Worsowicz; Heidi L. Kroll			
II. Name of lobbyist's partnership,	firm or corporation, if any:			
GAL	LAGHER, CALLAHAN & GARTR	ELL, P.C.		
	(Name of partnership, firm or corporate	tion)		
III. Name of Client LIFE COP	ING, INC.	Date	January 24	1, 2018
1. Library including face for carvices s	received from the client identified above such as public advocacy, government re ation, and related legal work. The gross	lations, or	public relatio	iis sei vices,
a) Total of all fees received in this re	porting period		a) \$	6,500.00
b) Total of all fees received this cale (This should equal the total prior	ndar year, prior to this reporting period. monthly reports for this calendar year.)		b) \$	14,725.00
c) Total of all fees received to date. (Add lines a and b)			c) \$ 	21,225.00
d) Indicate the amount of any such for yet been paid.	ees that are due, but have not		d) \$.00.
fees. Separate reports are to be filed lobbyist(s)/firm that are unrelated to are to be reported in one of three c reporting period for salaries, beneficexpenses where the expenditure was the cost was \$25.00 or less, purchas purchase of a ceremonial object give statement of each individual expend covered by (a) (for example: purchase)	firms, or corporations are required to d for expenditures made relative to each any one client a separate report may be ategories of expenses: (a) the aggreates, support staff, and office expenses: of \$25.00 or less (for example: meals e of a pen with a value of less than \$10 en to a person being lobbied with a valiture made during this reporting period ase of a meal with value of greater than ith a value greater than \$25, but not go honorariums, expense reimbursement, not be reported on Addendum A.	be filed for gate total; (b) the as purchased that is give of \$25. of greater \$25, purchased that is give to the state of	the lobbyist(of all expensing generate total d during a busiven to the per 00 or less); a than \$25.00 finase of a cerent	s)/firm. Expense es paid during the lof all individual siness lunch where son being lobbied and (c) an itemize for any purpose no monial object to bant expenses for
a) Total aggregate expenses for this support staff, and office expenses, re	s reporting period for salaries, benefits, elated directly or indirectly to lobbying.)\$	4,875.00
b) Total aggregate of expenditures of in a), of \$25 or less.	during this reporting period, not reporte	ed	<u></u>	.00
c) Total of all itemized expenditure	es reported in detail in section VI.	С) \$.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: LIFE COPING, INC.		
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	4,875.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	14,725.00
f) Total of all expenses year to date.	f) \$	19,600.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees period, including by whom paid or to whom charged.	during this	reporting
Paid to:	Amo	ount
	_ \$	
	- š	
	\$	
	_ \$	
	\$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the fo	oregoing in	formation
is true and complete to the best of my knowledge and belief.		
,, , , , , , , , , , , , , , , , , , ,	/-2278 (Date)	
(Signature of lobbyist) (I	Oate)	
Paul A. Worsowicz		
(Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn	Staten	nent/Aff	irmati	on by	Lobbyis
Statem	ent of	Income	and E	xpense	es for:

Statement of Income and Expenses for:					
Name of Lobbying pa	artnership, firm or corpora	ation: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.		
	e blank if Statement is for Life Coping, Inc.	r the partnership, firm, or co	rporation and not related to any		
	_				
Date of Report (chec	k one):				
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🗆	January 24, 2018		
I have read RSA 15, following Addendum submitted):	RSA 15-B, RSA 664, the as submitted with that Sta	Statement of Income and E tement (insert the number of	xpenses described above, and the f Addendum forms being		
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or aff complete to the best	irm that the foregoing inf of my knowledge and bel	formation on the Statement a ief.	and each Addendum is true and		
(Signature of Lobby	rist)		(Date)		
Heidi L. Kroll		<u> </u>			
(Print Name of lobb	oyist)				